well as to ensure that it does not allow drug, manufacturer and supplier to raise MRP for general public?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) and (b) Health being a State subject, such information is not maintained Centrally.

In so far as Central Government Hospitals/CGHS dispensaries outside Delhi are concerned, the purchase of medicines and drugs is made by the Medical Store Organisation against annual indents sent by these hospitals/dispensaries as per approved formulary and observing other codal formalities. The medicines and drugs which are not available through MSO are procured locally through tenders.

So far as CGHS dispensaries in Delhi are concerned, drugs are procured through M/s Hospital Services Consultancy Corporation (HSCC) on approved terms and conditions of Medical Store Organization (MSO).

The quality of medicines and drugs are tested at Govt. approved laboratories before use. 5/6th of the total shelf life of the medicines supplied has to be available at the time of supply.

Organ transplant, procurement and distribution centres

2099.SHRI N. BALAGANGA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has any proposal to set up organ transplant, procurement and distribution centres in all the States in the country;

(b) if so, the details thereof alongwith proposed functions of such centres; and

(c) by when the above centres are likely to be set up?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The Organ Retrieval Banking Organization (ORBO) a national facility and nodal centre for the country is already operational at All India Institute of Medical Sciences (AIIMS), New Delhi. A network of 15 hospitals (Government, Public and Charitable) with ORBO has been formed for smooth functioning and coordination for process of Organ Donation and Transplantation in Delhi.

(b) and (c) Do not arise.

Pollution explosion

2100.SHRI N. BALAGANGA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Indian population would overtake China by 2050;

(b) whether Government has taken any steps to control population explosion;

(c) if so, the details thereof; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) At the current rate, India's population is expected to exceed that of China before 2050 to become the most populous country in the World.

(b) to (d) The Family Welfare Programme in India is voluntary in nature, which enables a couple to adopt the family planning methods, best suited to them according to their choice, without any compulsion. Population stabilization is one of the objectives of National Rural Health Mission (NRHM). The approach of Government is to provide quality health services in remote rural areas along with a wide range of contraceptive choices to meet the unmet demands for reproductive health services which includes delivery, safe abortions, treatment of reproductive tract infections and Family Planning Services. The NRHM also includes the second phase of Reproductive and Child Health Programme (RCH-II), which intends to improve the performance of family welfare by reducing total fertility rate, maternal and infant morbidity and mortality, and unwanted pregnancies. The following steps have been taken to encourage acceptance of Family Planning and to give protection to providers:-

i) National Family Planning Insurance Scheme has been started since Nov'05 to compensate the sterilization acceptors for failures, complications and deaths and also provides indemnity insurance cover to doctors.

ii) Increasing Compensation Package for Sterilization was introduced in Oct '06 and the payment to accredited private providers has been increased markedly from Rs.400 to Rs.800 in 8 EAG States and Rs.100 per case if private doctors perform sterilisation in public institutions in both EAG and non-EAG States provide services.

iii) Specific action points/strategies have been incorporated in the States Project Implementation Plans (PIPs) under NRHM from current year to address the upgradation of Family Planning Services.

iv) Promoting Acceptance of No Scalpel Vasectomy to ensure male participation.

v) Promoting IUD 380A intensively as a spacing method because of its longevity of 10 years and advantages over other IUDs

vi) Fixed day fixed Place Family Planning Services round the year - made possible on account of growing number of 24x7 PHCs and better functioning CHCs and other health facilities under NRHM.

Increasing the basket of choice by systematically and carefully introducing new and effective contraceptives in the programme. The outreach activities through the institution of ASHAs and Monthly Health and Nutrition Days under NRHM have also helped.

Maternal, infant and child mortality rates

2101. SHRI M.V. MYSURA REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: